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ABSTRACT

In order to respond efficiently to what was thought to be a growing problem on the campus of Bradley University, a comprehensive survey of drug use and desire for help was administered to a sample of 371 students (about 10% of the student body). Approximately one-third reported some drug use, with alcohol and marijuana the two most widely used drugs. Only four percent of the users expressed a need for help with their drug problem. A thorough analysis of the findings, including frequency and type of drug used, patterns of multiple drug usage, and types of services desired, is presented. Recommendations for combating drug abuse are presented. (Author)

A SURVEY OF DRUG USE AT A PRIVATE LIBERAL ARTS UNIVERSITY

by

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CONTENTS

I. INTRODUCTION 1

II. PREVIOUS RESEARCH 2
A. Extent of Use 2
B. Reasons for Use 4

III. RESULTS 7
A. Sample 7
B. Reasons for Use 8
C. Frequency of Use 11
D. Multiple Use 11
E. Services 12

IV. SUMMARY AND CONCLUSIONS 15

V. RECOMMENDATIONS 17

VI. DRUG QUESTIONNAIRE 21

LIST OF FIGURES AND TABLES

TABLE	TITLE	PAGE
I.	Studies of Drug Use by Institution	2
II.	Characteristics of the Sample	8
III.	Percentage of Responses to "Current Use of Drugs"	11
IV.	Number Who Have Ever Used Both of Two Drugs	13
V.	Responses to Suggested Services as "Helpful"	14

FIGURE	TITLE	PAGE
1.	Reasons Cited for Drug Use	10

DRUG SURVEY

I. INTRODUCTION

For some time it has been apparent to faculty and administration on the Bradley campus that a number of students use illegal drugs in varying degrees. Arrests of Bradley students using or possessing drugs, disciplinary cases in the Dean's offices, counseling cases concerning drug users, and faculty awareness of decreased performance by some students, all pointed to a drug problem on campus. Since the nature and extent of this difficulty was not known, it was difficult for any recommendation to be made for dealing with the problem. In order to assess the scope of the drug problem at Bradley, and to obtain information about the kinds of services that students would see as helpful in this area, a drug survey was designed.

The format of survey originated with Mrs. Karen Hunsaker of the Counseling Center, and Mrs. Joan Krupa, Assistant Dean of Women. It was modeled after a more extensive survey designed by Samuel Pearlman of Brooklyn College and administered by the Inter-University Drug Survey Council of Metropolitan New York. The Bradley Drug survey included four general questions (sex, place of residence, use of drugs, desire for help) and one question which asked respondents to numerically rank seven types of services listed in terms of how helpful he thought each would be; a final question listed eighteen drugs and asked respondents to note if they ever used the drug, current frequency of use, and reason(s) for use. The appendix is a copy of the questionnaire.

Surveys were distributed to approximately every seventh student during September, 1970, registration. Although responses were voluntary, only a few students refused to complete the survey. (Completion time was about fifteen minutes). The total sample was 361 out of a total population of 4,580.

Because of the sensitivity of this issue and the desire for honest responses, students were asked not to give their names, ID numbers or any form of identification on the questionnaire. It was stated on the questionnaire that all information would be released only to the student services staff. (See questionnaire for specific directions and questions).

II. PREVIOUS RESEARCH

A. Extent of Use

Several campus studies of drug usage have been made, primarily in the east and west. The following table summarizes the results of some of these studies which have examined extent of use among college populations.

TABLE I

STUDIES OF DRUG USAGE BY INSTITUTION

Institution	Percentage of Use			Yr. of study
	LSD	Marijuana	Gen. Drug Usage	
Seventeen Magazine 13-19 yr. olds			5.5	1966
Brooklyn College			7	1967
Cal. Tech.	5	13.7		1967
Univ. of Mass.	1	2		1967
Yale			19	1967
Vassar		34		1967
NYC Public College			7	1968
UCSB			21.2	1968
Yale, Wesleyan	20	20	20	1968
Hunter College			30	1968

These data show that drug usage has increased since 1966 and that most schools have similar statistics of drug use regardless of the location or size of the institution. Differences between institutions are more likely to depend on the year in which the study was made, rather than the institution

because of the "ripple" effect: According to David Smith, Director of the Haight-Ashbury out-patient clinic, trends in usage are essentially the same across the country, but are experienced at different times. The time lag between the coasts and the midwest can be as short as a few weeks or as long as a year. Because of increased communication means, however, the time lag is on the decrease.

Some of the more informative reports on college drug use follow. Kenneth Keniston reported in the American Scholar (1968) that the highest rates of drug usage are found in small, progressive, liberal arts colleges with a nonvocational orientation. "Farther down the list, with regard to both intellectual climate and drug use, are the private university colleges. At such colleges student drug use rates of between ten and fifty percent will be found."[1]

A study of LSD by Daniel Freedman (1968) showed that approximately one percent to fifteen percent of the students on certain campuses used LSD. Freedman noted that "only a small fraction of persons who have taken the truly potent hallucinogenic drugs could be said to constitute a reliable base for study of long-term users."[2] In other words, many users are "one-time experimenters" rather than consistant users."

Martin Rand (1968) surveyed student drug use at Ithaca College and found that drug abuse varied widely among the different academic majors, but within the major groups, the use of illegal drugs did not vary significantly over the academic years. Marijuana was the drug most widely used, and results indicated that a significant percentage of the

students who used illegal drugs began their drug use before admission to college.[3]

Finally, a tentative report from the 1970 survey of seven institutions in New York, designed by Dr. Samuel Pearlman, gave the following information: There was no statistical difference in use between classes (freshman versus seniors, etc.); There was some tendency to decrease use in the sophomore year, increase in the junior year and decrease in the senior year; Multiple drug users decreased in numbers with increases in the number of drugs used.[4]

This latter study is the most comprehensive, in-depth investigation to date into the nature and extent of drug use with students and thus the data are most relevant. It should be remembered in reviewing these and other studies, however, that the validity and reliability of the research is often questionable. Variables such as sample size, percentage of responses, form of the questionaire, administration of the questionaire, and characteristics of the students sampled all account for differences in results.

B. Reasons for Use

Reasons for use of drugs is another area which has been widely explored on the college campus. It is evident, for example, that marijuana is the most frequently used drug, but reasons seem to vary a great deal with the individual.

A report by the Princeton University Student Committee on Mental Health (1967) found two braad groups of students interested in using marijuana on their campus. In the first group, or "social group", marijuana was smoked for essentially the same reasons that other groups use alcohol: escape from

temporary pressures and worries to reach a mental condition at which it was easier to have uninhibited social enjoyment and intellectual relaxation. Another group smoked marijuana for reasons such as depression, insecurity, or rebellion, but their purpose was more often specifically to "gain psychological insight." This group was most ready to try the more powerful psychedelics, such as LSD and DMT. The Committee referred to this group as "insight" users.[5]

Edward Bloomquist reported in a 1967 study of marijuana use that a caste system evolved in the drug community. The lower caste, composed of poorly educated, socially disadvantaged persons, "tripped" on the effects of the drug--they took it to experience the bizzare effect. The upper caste was composed of "intellectuals" who took the drug to find inner meaning to an existence which has become prosaic, empty, confused, or meaningless.[6] A 1968 study of students at UCSB showed that marijuana was the recreational drug of choice and its use became a central core of their subculture.[7]

Reasons for use of other drugs are just as great as for marijuana. A 1966 study by Blachly found that students who used amphetamines in large amounts used it primarily for "kicks."[8]

"Kicks" was the main reason attributed to amphetamine use by Lemure, a clinical professor of psychiatry at the University of Washington School of Medicine. He also noted, however, that a large number of persons used amphetamines for fatigue, depression, and weight reduction.[9]

Kleckner (1968) did some research which supports the hypothesis that there might be a "psychedelic personality"

type, and indicated some characteristics of drug users:

> "Users tend to pay less attention to rational and objective considerations in problem solving than do nonusers, emphasizing the emotional relationships more. Users display a higher anxiety level and less effective behavior controls than do nonusers. Users were considered to be more creative than nonusers, but to have less potential for leadership, a greater need for interpersonal isolation at work, and to be more accident prone."[10]

Results were based on the administration of the Cattell 16PF Test to forty college-student users of psychedelic drugs, and to a matched sample of forty non-users.

Daniel Freedman (1968) reported in his study on the use and abuse of LSD that there is clearly a "fad element in usage; cycles of interest may well be shown to follow certain press releases and to vary sharply with opportunity and the ethos of different settings."[11] Pearlman (1970) reported that of the fifteen reasons given for drug use, curiosity ranked high for LSD and marijuana.[12]

A personal report of drug experiences by a Yale University "pothead" noted that drugs provided an escape from the pressures and problems of college life. It was "intriguing" and "thrilling, ing," and experimentation was a "natural process in the academic world of questioning and exploration."[13]

Personal opinions by educators, psychiatrists, and physicians on the reasons for drug use vary greatly. Lawrence Pervin of Princeton University notes that causes are both personal and social--a rebellion against society, membership in a group, a turn to the inner world, a sense of boredom. Norman Alberstadt, on the other hand, cites "personality problems as underlying all cases of drug abuse." Richard Blum, an educator, notes a

probable "relationship between student drug use and the frequency with which parents accept drugs and use them."

From the preceeding information the following conclusions may be drawn:

1. The whole area of the use and abuse of drugs is a good example of the role of biases, even among professionals.
2. It is important to talk about a specific drug, such as marijuana, and to avoid general categories as "drug" since reasons and extent of use vary with specific drugs.
3. General usage of drugs has increased since 1966.
4. There is no one answer as to why students are interested in and do take drugs.

What seems particularly important are the reasons and extent of use which are cited on the Bradley campus. The above information simply serves as a general basis of comparison.

III. RESULTS

A. Sample

Table II gives the characteristics of the sample. Male responses almost doubled female responses. This response rate of 2 to 1 is equivalent to the total male-female ratio at Bradley..

TABLE II

CHARACTERISTICS OF THE SAMPLE
N=361

Description	Percent
Sex	
Male	64
Female	34
No response	2
Class	
Freshman	23
Sophmore	26
Junior	10
Senior	30
Graduate, P/t	8
No response	3
Present Residence	
At home with family	6
At a campus dormitory or residence hall	26
Off campus: fraternity or sorority	10
Off campus: apartment	18
Other	1
No response	39
Use drugs	35
Users who want help	3.17

Class distribution were about equal except for those of the junior class. Graduate and part-time students totaled eight percent of the sample. In response to the question, "Do you use drugs?" 35 percent of the students answered "yes". Of that percentage of users only 3.17 percent indicated they wanted any help. In other words, from the total sample, 35%, one-third or 126 indicated they used drugs; of those 126 students, only 3.17 percent or approximately 4 students indicated they wanted some specific help with their drug problem.

Comparing the Bradley survey with the results of other surveys in Table I, it is evident that frequency of drug use on the Bradley campus

is not unusually high and compares equally with most of the institutions surveyed in 1968. Taking into account the two year time lag between these previous studies and the local one, these statistics are not unreasonable. What is most surprising is the small number of students who desire help with drugs. This data would indicate that at any given time efforts to reach the drug user will be responded to by only a small percentage of users.

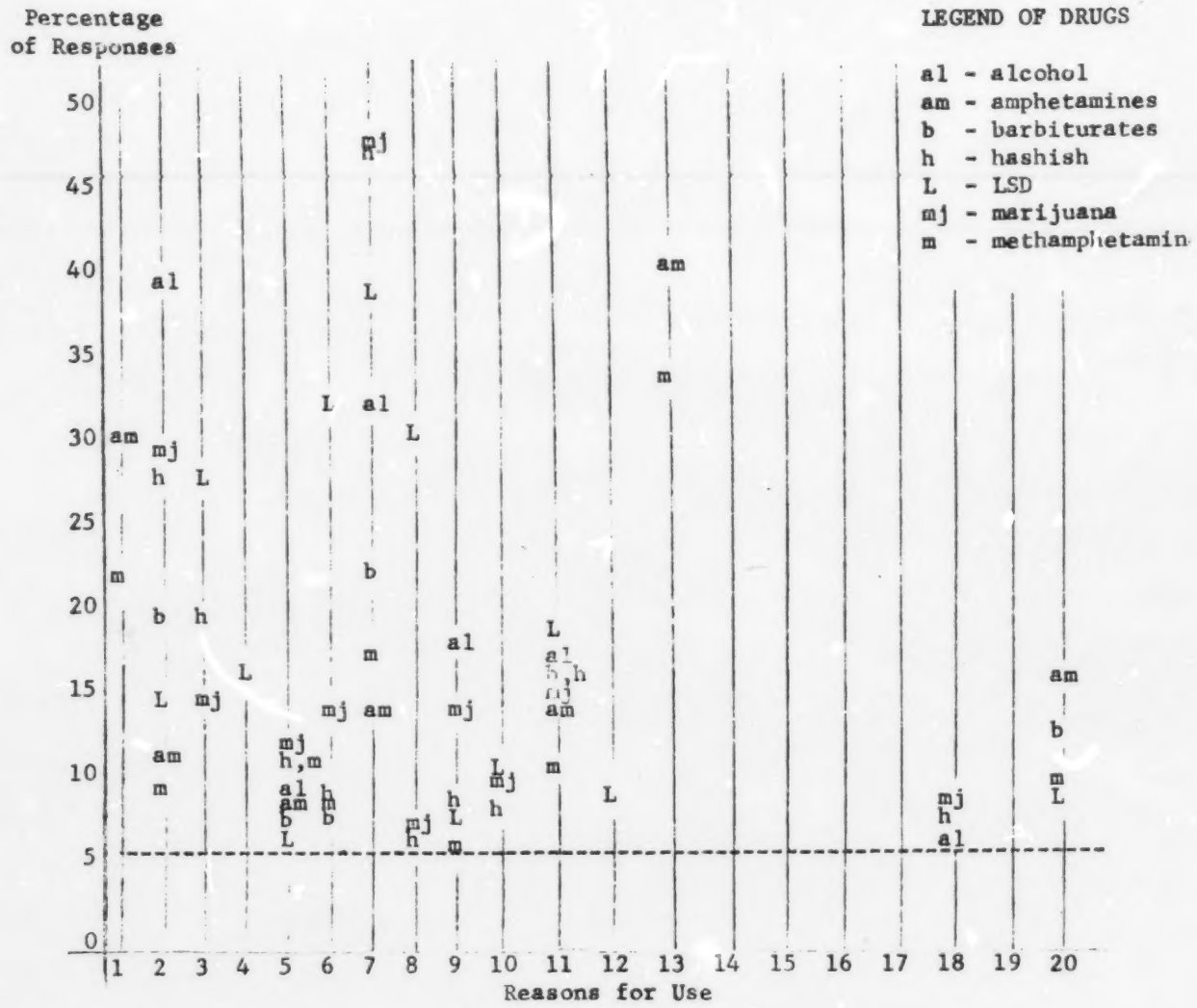
B. Reasons for use

Figure I gives the frequency of response, greater than 5%, to twenty reasons cited for the use of seven major drugs. The reasons "relieve tensions," "feel good, get high," and "for kicks" were noted for all eight drugs. More specifically, "relieve tensions" and "feel good, get high" were the primary reasons cited for the use of barbiturates, marijuana, hashish, and alcohol. The most frequent reasons given for the use of LSD were "feel good, get high," "satisfy curiosity:" and "deepen self-understanding," in that order. Amphetamines and methamphetamines were used primarily to "stay awake", "improve studying;" "feel good, get high," in descending order.

A wider range of reasons were noted for marijuana, hashish, and especially amphetamines and methamphetamines. Wherever the number of reasons given increased, the frequency of each response decreased. Also of interest is the fact that LSD was the only drug which was used to "sharpen religious insight," and, more than any other drug, to "deepen self-understanding." Amphetamines and methamphetamines were the only two drugs which were used in order to "stay awake" and "improve studying."

Since only five students reported every having used heroin, and none were presently using heroin these statistics are not shown in Table IV; however, the reasons these students noted most frequently were "to satisfy curiosity" and "escape reality."

FIGURE I.
REASONS CITED FOR DRUG USE
BY OVER FIVE PERCENT OF RESPONDENTS



LEGEND OF REASONS

1 Improce studying
2 Relieve tensions
3 Intensify perceptions
4 Sharpen religious insight
5 Ease depression
6 Satisfy curiosity
7 Feel good, get high
8 Deepen self-understanding
9 Facilitate social experience
10 Heighten sexual experience
11 For "kicks"
12 Challenge values of society
13 Stay awake
14 Resolution of personal proble
15 Thw "in" thing to do
16 Escape reality
17 Find reality
18 Relief from boredom
19 Scientific experimentation
20 Physicians prescription

C. Frequency of Use

Table III. indicates the results of a question asking for the current frequency of use of seven major drugs. Responses given for "not at all," "less often than monthly," and "about once a month" are not reported since these were not considered as constituting "frequent" drug use. Over half of those using alcohol and marijuana use them once a week or more frequently. Almost a third of hashish-users use it once a week or more frequently. Only 10 to 15 per cent of those using amphetamines, barbiturates, and methamphetamines use these drugs once a week or more frequently. Of LSD-users, only 4 per cent use it once a week, and no one uses it more frequently. More than any other drug, marijuana is used by more people more frequently, with almost 12 per cent using marijuana daily or several times a day. Of the five heroin-users in the sample, each of them indicated that they were currently using heroin "not at all;" thus this statistic was not included in the table.

TABLE III.

PERCENTAGE OF RESPONSES TO CURRENT USE OF DRUGS

Drug	Once a week.	Several Times/Week	Once a Day	Several Times/Day	Totals %	Totals No.
alcohol	32.08	20.76	2.20	.63	55.67%	177
amphetamines	8.20	3.28	3.28	.00	14.76%	9
barbiturates	8.89	2.22	2.22	.00	13.33%	7
hashish	14.88	13.22	1.65	1.65	31.40%	39
LSD	4.08	.00	.00	.00	4.08%	2
marijuana	20.35	21.51	4.65	6.97	53.48%	93
methamphetamines	5.17	3.45	1.72	.00	10.34%	6

D. Multiple Use

Table IV gives the number of students who responded that they had ever used two drugs. The total number of students ever using a drug are circled, while

the number using that drug as well as another are cited on the horizontal axis. For example, from a total population of five heroin-users, all of them have had coffee, smoked hashish and marijuana, and taken "Speed".

It is the seven major drugs which are of most concern here. It appears that alcohol-users are also high users of aspirin and caffein, and about half of this population has tried marijuana. Amphetamine and methamphetamine users alike are high users of alcohol, aspirin, caffein, hashish, and marijuana; in short, other stimulants. Barbiturate takers, also indulge often in alcohol, caffein, aspirin, and marijuana; in other words, stimulants and depressants. Hashish and marijuana users are alike in that both groups have usually tried both drugs and have also tried alcohol, aspirin, and coffee. LSD users usually have tried alcohol, aspirin, hashish, marijuana, and mescaline.

In summary, it appears that the users of major drugs have most often tried alcohol, aspirin, and caffein. Compared with the general response of 88 per cent, 80 per cent, and 60 per cent of the students who answered that they have tried these drugs, these results are not unusual. What is interesting is that stimulant users usually stay with "uppers," while barbiturate users often take both stimulants and depressants. Hashish and marijuana users tend to stay with these two drugs, while LSD users most often indulge in other drugs.

E. Services

A closer look at the way in which Bradley students rated some suggested drug services is warranted. Students were asked to numerically rank, on a scale from one to seven, the following approaches in terms of how "helpful" each would be:

Group discussions
Personal counseling sessions
Strict enforcement of the law
"Talk down" center
"Drug Line"
Drug Information and Education Center
Other (specify) _____

TABLE IV
NUMBER WHO HAVE EVER USED BOTH DRUGS

DRUG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. ALCOHOL (Beer, Wine, Liquor)	(317)	21	58	263	43	206	164	119	15	115	5	46	165	59	55	42	32	50
2. ANTI-DEPRESSANTS (Elavil, Trofanil)	21	(24)	15	23	15	22	20	18	4	17	0	9	19	9	14	8	8	12
3. AMPHETAMINES	58	15	(61)	57	30	51	45	34	10	52	3	26	54	34	36	19	21	25
4. ASPIRIN (Excedrin, etc.)	263	23	57	(288)	43	199	151	120	14	107	4	43	146	54	52	37	28	48
5. BARBITURATES	43	15	30	43	(46)	41	33	33	11	36	3	22	39	28	26	18	20	22
6. CAFFEIN (Coffee, NoDoz)	206	22	51	199	41	(216)	141	106	16	97	5	41	128	52	54	38	30	47
7. CIGARETTES	164	20	45	151	33	141	(170)	80	10	85	3	36	119	45	45	30	28	39
8. CODEIN (Cough syrup, Darvon)	110	18	34	120	33	105	80	(129)	11	65	3	25	80	31	37	28	23	40
9. GLUE (Vapors)	15	4	10	14	11	15	10	11	(16)	12	2	10	12	10	12	5	9	7
10. HASHISH	115	17	52	107	36	97	85	65	12	(121)	5	44	120	59	52	28	32	39
11. HEROIN	5	0	3	4	3	5	3	3	2	5	(5)	4	5	4	5	3	4	4
12. LSD	46	9	26	43	22	41	36	25	10	44	4	(49)	47	42	34	17	26	19
13. MARIJUANA	165	19	54	146	39	128	119	80	12	120	5	47	(172)	62	55	35	33	43
14. MESCALINE	59	9	34	54	28	52	45	31	10	59	4	42	62	(63)	37	21	28	24
15. METHAMPHETAMINES (Speed)	55	14	36	52	26	54	45	37	12	52	5	34	55	37	(58)	22	28	27
16. NON-PRESCRIPTION SLEEPING PILLS (Nytol)	42	8	19	37	19	38	30	28	5	28	3	17	35	21	23	(42)	19	25
17. OTHER HALLUCINOGENS	32	8	21	28	20	30	28	23	9	32	4	26	33	28	28	19	(33)	21
18. TRANQUILIZERS (Miltown, Librium, Thorazine)	50	12	25	48	22	47	39	40	7	39	4	19	43	24	27	25	21	(52)

Table V summarizes the percentage of students who rated each service as 1, 2, or 3. Responses from students who indicated that they used the major drugs (amphetamines, barbiturates, hashish, heroin, LSD, marijuana, and methamphetamines) more than once a week are distinguished from non-users of these drugs.

TABLE V

Service	Percent	
	Users	Non-users
1. "Drug Line"	72.7	62.7
2. "Talk Down" Center	63.6	58.7
3. Personal Counseling	53.4	68.4
4. Drug Information & Education Center	53.4	49.3
5. Group Discussions	43.2	68.0
6. Strict Enforcement of Law	5.7	25.3
Number who answered this section	88	225
Total number in this classification	102	259

The survey results showed that users and non-users alike would like a "Drug Line," personal counseling, and a "Talk Down" Center to be available to them, although their order of preference differed. Of these services, only two are currently offered. Students seem to desire more information about drugs, although some would prefer literature to personal discussions with users. Stricter law enforcement is not viewed as helpful by most students, whether users or non-users.

These figures show that a "Drug Line" which students could call for help at any time during negative drug effects was the service that the majority of users (72%) would see as most helpful. 63.6% of this group wanted a "Talk Down" Center for more specific help with negative drug effects, while personal counseling was desired by 53.4% of these students. 53.4% wanted a drug information & education center, 43% desired group discussions with former users, while strict law enforcement was viewed as most helpful by only 5.7% of the users.

The responsex of non-users were somewhat different from those of users. The two services rated highest, about 68%, by most non-users were personal counseling and group discussion with former users. The "Drug Line" was rated by 62% of the group as desirable, while a "Talk Down" Center ranked fourth, being rated by 58% of the group as most helpful. Slightly less than 50% of the group rated a drug information and education center as most helpful, while only 25% rated strict law enforcement as desirable.

It is apparent that users and non-users alike would like a "Drug Line" and "Talk Down" Center on campus, along with the availability of personal counseling, although the two groups differed on their order of preference. For users, the next most desirable service was a drug information and education center, while non-users prefered group discussion with former users. Clearly, all students desire more information about drugs but in two different manners. Neither group sees strict law enforcement as a viable solution, although non-users support it more than users.

IV. SUMMARY

A concern with knowing the nature and extent of the drug problem at Bradley as well as learning what services might be seen as helpful in this area prompted this study. A drug survey was designed for this purpose which included four general questions (sex, place of residence, use of drugs, desire for help), a question pertaining to drug-related services, and a question listing eighteen drugs to which the respondent was to note if he had ever used the drug, his current frequency of use, and reasons for use.

A review of the literature on campus drug surveys indicates that the general usage of drugs has increased since 1966. The reasons reported for the use of drugs are many and vary both with the drug and with the individual. Even among professionals concerned with the problem of the use and abuse of drugs, the area of reasons for use is one in which personal opinions vary widely.

The survey designed for use on the Bradley campus was given to approximately every seventh student at September, 1970, registration. The final sample totaled 361 students. The number of male responses was twice that of female responses. Class distributions were about equal except for a small response from the junior class. Of the sample one-third indicated they do use drugs; of these 126 persons, only 4 students indicated they felt a need for help with their drug problem. Since this population of drug users who want help is very small, efforts to reach and help the drug user with his "problem" will be difficult.

The drugs which were reported most frequently being used several times a week are alcohol (21.5%), marijuana (20.7%), hashish (13.2%), barbiturates (8.8%), and amphetamines (8.2%). Students with a more serious pattern of drug use report once a day use of the following drugs: marijuana (4.6%), amphetamines (3.2%), barbiturates, and alcohol (each 2.2%).

Of eighteen drugs listed, reasons for use which were most pertinent were as follows: marijuana and hashish were used primarily to "feel good, get high" and to "relieve tensions." Other responses which were cited for usage were "facilitate social experience," for kicks," and relief from boredom" (all suggesting that marijuana and hashish are "social" drugs). Amphetamines and methamphetamines were used primarily to "stay awake," "feel good, get high," and "improve studying." "Feel good, get high" and "relieve tensions" were the primary reasons given for use of barbiturates. The most frequent reasons given for the use of LSD were "feel good, get high," "satisfy curiosity," and "deepen self-understanding."

By examining multiple use of drugs it appears that most students using harder drugs have also used alcohol, caffein, and aspirin. These results, however, in no way point to a trend in drug use from coffee to hashish. What appears important is that users of major drugs tend to stay with other drugs

that give the same effects, except for barbiturate users, who probably "cycle" between stimulants and depressants, and LSD users who partake of many kinds of drugs.

V. RECOMMENDATIONS

It appears that any single program specifically designed to help drug users is unwarranted because of the very small number who want help with drugs per se. If something is to be done about the use of drugs on campus then it appears that several approaches are needed, rather than one comprehensive one. Some services which students would like are already offered. Further services should be explored, such as group discussions with users and a Drug Information and Education Center. Clearly, different students have different needs and the ways they can be satisfied vary.

Reasons for use should be explored and programs should be developed which permit non-drug-users, as well as drug-users, alternatives for meeting these needs. For instance, one frequent reason for the use of many drugs was to relieve tension. Individuals should be able to find other more socially acceptable ways to let off tensions. An examination of sources of student stress, pressure, and tension (such as competition and grades) might be in order. Some non-chemical approaches to anxiety reduction might include physical activity and counseling. Preventive alternatives for curiosity about LSD might include a clinical film on the effects of the drug and personal awareness groups to deepen the "self-understanding" which these users seek. Since amphetamines and methamphetamines were used ro "stay awake" and to "improve studying," some alternatives might include improved classroom discussions, greater motivation, more examinations with less emphasis on each, shorter assignments, and methods of lessening academic loads. Together, these indicate a decrease in academic pressure.

Because users tend to stay with a particular drug or group of drugs, this information suggests that drug programs will need to lend themselves to several kinds of users--those who avoid being depressed, those who cycle between depression and happiness, and those who like to experiment with different mood effects.

In short, the most important result of this survey is that there is no one answer to the drug problem, just as there is no one type of person. Individualized solutions to unique problems are required.

FOOTNOTES FOR DRUG SURVEY

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C O N F I D E N T I A L

BRADLEY UNIVERSITY

STUDENT SERVICES

DRUG QUESTIONNAIRE

A detailed explanation of the questionnaire appears below for those who are interested. PLEASE COMPLETE THIS QUESTIONNAIRE AS HONESTLY AS POSSIBLE. Questionnaires should be deposited in the ballot boxes provided.

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PLEASE FILL IN: Vocational Objective:_____

I. FOR EACH ITEM, CIRCLE THE NUMBER OF THE RESPONSE MOST APPROPRIATE TO YOUR SITUATION.

SEX: 1 Male; 2 Female CLASS: 1 Freshman; 2 Sophomore; 3 Junior; 4 Senior; 5 Other

AT PRESENT DO YOU LIVE: 1 At home with your family
2 At a campus dormitory or residence hall
3 Off campus: Fraternity or Sorority House
4 Off campus: Apartment
5 Other (Specify)_____

DO YOU USE DRUGS: 1 Yes 2 No

IF YOU USE DRUGS, DO YOU FEEL ANY NEED FOR HELP? 1 Yes 2 No

II. The following information will be used to suggest changes in student services offered by the staff or students. PLEASE NUMERICALLY RANK ALL OF THESE APPROACHES IN TERMS OF HOW HELPFUL YOU THINK EACH WOULD BE:
1 Most Helpful; 2 Next Most Helpful; ETC., THROUGH 7 Least Helpful

_____a) Group Discussions--with former users on why you and they were involved with drugs.
_____b) Personal Counseling Sessions--to aid in solving your problems or relieving anxieties.
_____c) Strict Enforcement of the Law--confiscation of drugs or punitive legal measures.
_____d) "Talk Down" Center--student staffed for help at any time during negative drug effects.
_____e) "Drug Line"--telephone number to call for help at any time during negative drug effects.
_____f) Drug Information & Education Center--staff and resource materials for students, faculty or anyone.
_____g) Other (Specify)_____

INSTRUCTIONS

III. PLEASE DESCRIBE YOUR CONTACT WITH EACH DRUG LISTED BELOW BY WRITING THE MOST APPROPRIATE NUMBER IN THE BOXES TO THE RIGHT OF EACH DRUG.

DRUG	EVER USED	CURRENTLY USING	REASON FOR USE - OR REASON FOR USE IN FUTURE (List as many as appropriate)	
	1 Yes 2 No	1 Not at all 2 Less often than monthly 3 About once a month 4 About once a week 5 Several times a wk. 6 About once a day 7 Several times a day	1 Improve studying..... 2 Relieve tensions, facilitate relaxation..... 3 Intensify perceptions, increase aesthetic awareness..... 4 Sharpen religious insight..... 5 Ease depression..... 6 Satisfy curiosity..... 7 Feel good, get high..... 8 Deepen self-understanding..... 9 Facilitate social experience... 10 Heighten sexual experience.....	11 For "kicks"..... 12 Challenge values of society. 13 Stay awake..... 14 Rapid resolution of personal problems..... 15 The "in" thing to do..... 16 Escape reality..... 17 Find reality..... 18 Relief from boredom..... 19 Scientific experimentation.. 20 Physicians prescription..... 21 Other (Specify within column)

1	ALCOHOL, (Beer, Wine, Hard Liq.)			
2	ANTI-DEPRESSANTS (Elavil, Trofanil)			
3	AMPHETAMINES			
4	ASPIRIN, (Excedrin, etc.)			
5	BARBITURATES			
6	CAFFEIN (coffee, No-Doz, etc.)			
7	CIGARETTES			
8	CODEIN (Cough syrup, Darvon)			
9	GLUE, (Vapors)			
10	HASHISH			
11	HEROIN			
12	LSD			
13	MARIJUANA			
14	MESCALINE			
15	METHAMPHETAMINES (Speed)			
16	NON-PRESCRIPTION SLEEPING PILLS (Nytol, etc.)			
17	OTHER HALLUCINOGENS			
18	TRANQUILIZERS, (Miltown, Librium, Thorazine)			

Footnote

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